Health Reform and Beyond: New Opportunities for HIV Housing Providers

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Housing = Health: Major Themes

Access to stable housing and housing support services are core determinants of health for people living with HIV

Access to stable housing and supportive housing services is critical for reducing health care costs

Housing and supportive housing services are often funded through insufficiently funded discretionary programs rather than public entitlement or private health insurance programs

The ACA can benefit people living with HIV by:
- Ending discriminatory practices in health insurance access
- Creating new insurance programs accessible to low-income individuals

The ACA can benefit HIV housing providers by
- Offering opportunities for integration of housing providers into new delivery and reimbursement systems including:
  - Medicaid Health Home State Plan Option
  - Medicaid Managed Care Organizations and Medicare Accountable Care Organizations
  - Partnerships with Medicaid-reimbursable orgs such as Federally Qualified Health Centers
  - Home and Community Based Services 1915(i) State Plan Amendment (SPA)
ACA Reforms Private Insurance and Reduces Discriminatory Insurance Practices

• Cannot be denied insurance because of HIV, mental illness or any other health condition (2014)

• Health plans cannot drop people from coverage when they get sick (in effect)

• No lifetime limits on coverage (in effect)

• No annual limits on coverage (2014)
ACA Provides New Public and Private Insurance Options

Medicaid Expansion

- Most uninsured people who are homeless and/or living in supportive housing will qualify for Medicaid under the expansion (≤138% FPL)

  However, not all states are expanding as the program is optional based on United States Supreme Court decision!

- Many supportive housing services fall within the scope of Medicaid

Health Insurance Marketplaces

- Federal subsidies with income between 100-400% FPL

  However, those under 100% FPL are left out, except for legal immigrants!

- Plans can’t charge higher premiums b/c of health status/gender

- Plans must include essential community providers, including RW

- Ryan White program can provide coverage completion services and help address gaps in affordability

Housing providers can help clients enroll in insurance by becoming familiar with the options and referring clients for application assistance.
Medicaid Health Home State Plan Option

- Coordinated, whole-person care for people living with chronic health conditions*
- States are eligible to receive $500,000 in planning grants and receive 90% FMAP for health home services for first two years
- States determine which chronic conditions to cover and design of payment method that could include increased flexibility

Why Should HIV Housing Providers Advocate for Creation of Health Homes?
- Services are similar to those already provided by supportive housing providers (e.g. case management, health promotion, patient/family support)
- New source of funding for supportive housing services
- Streamlines eligibility/funding for team-based care models
- Integrates primary, behavioral health and housing services
- * Includes people living with HIV and HCV due to successful advocacy
Medicaid Managed Care Organizations

- Medicaid MCOs can provide services beyond the basic Medicaid package
  - Capitated and bundled payment models are increasingly common and incentivize MCOs to include cost-cutting services
  - Many MCOs are experimenting with ways to integrate and coordinate care for high-need patients

Why Should HIV Housing Providers Consider Becoming Part of Newly Formed MCOs?

- With more individuals in supportive housing eligible for Medicaid in 2014, MCOs will have greater financial incentives to offer supportive housing services for PLWHA
- States can also choose to fund brick-and-mortar construction and rental assistance

This would also apply to the new Accountable Care Organizations (ACOs)
Spotlight: New York Medicaid’s Supportive Housing Initiative

• The Supportive Housing Initiative will provide
  – Capital investments for construction of new supportive housing units
  – Rental subsidies and service supports

• Pilots within the initiative are aimed at high-need beneficiaries, including PLWHA and people with mental and substance abuse disorders
  ➢ Includes Health Homes Supportive Housing Pilot

Great example of a state Medicaid program integrating comprehensive housing services, including rental assistance and case management, into larger coordinated care efforts!!!
Collaborate with Federally Qualified Health Centers

• The ACA is not only changing the way healthcare is paid for, it is changing where it is delivered, including a significant investment in FQHCs
  – Federal funding has increased from $750M in 1996 to $2.2B in 2010; and the ACA appropriated $11 billion for health centers between 2011 and 2015

• Due to increased federal support, health centers now provide care to 20 million patients at more than 8,000 rural and urban sites

Why Should Housing Providers Consider Partnering with FQHCs?

New potential funding streams are possible by:
• Developing FQHC satellite clinics in permanent supportive housing buildings to deliver on-site services to reach large numbers of PLWHA
• Forming partnerships between clinical teams at FQHCs and supportive housing providers to integrate provision of clinical care, outreach and supportive housing services.
• Having FQHCs link PLWHA to permanent supportive housing
Home and Community Based Services 1915(i) State Plan Amendment (SPA)

- States can amend Medicaid to offer home and community based services (HCBS) through a section 1915(i) State Plan Amendment
  - Unlike with a waiver, don’t have to show cost neutrality and eligibility requirements are less rigorous
- ACA broadens scope of optional HCBS services, allows states to target specific populations, or provide different services to different populations

Why Should Housing Providers Consider Advocating for a 1915(i) SPA?

- Services which can be provided may be a good match with services offered in a supportive housing environment (e.g. case management, counseling, substance abuse treatment, transportation, etc)
- Could potentially target specific chronic conditions such as HIV or substance use
  - Even if the program doesn’t target HIV, many residents could be covered for other conditions such as mental illness
Key Issues for Housing Providers to Consider

- Assessing and navigating the administrative burden of third-party reimbursement
- Building knowledge of state-specific healthcare structures and relationships with key players
- Conducting research and using data to drive integration of housing and housing services into healthcare
Many states’ traditional Medicaid plans already cover some housing support services such as:

- Home and Community Based Services,
- Rehabilitation
- Targeted Case Management

For clients not eligible for traditional Medicaid in Medicaid-expanding states, check your state’s new Medicaid plan (known as Alternative Benefit Packages or ABPs) to see if they cover services you provide.
It’s Going to Be a Bumpy Road & Ryan White Program Remains Part of Success

“We cannot walk alone. And as we walk, we must make the pledge that we shall march ahead. We cannot turn back.“

Ryan White Program Funding 2002-2008

Martin Luther King, Jr